

TEXAS HOLOCAUST, GENOCIDE, AND ANTISEMITISM ADVISORY COMMISSION

P.O. Box 12276 • Austin, Texas 78711-2276

512-463-5108 Office

Volunteer Application

Please print clearly.

Date: _____

Applicant Information

Name: _____

Phone: _____

Email: _____

Physical Address: _____

Mailing Address (if different): _____

References (Please do not include relatives)

Reference 1:

Name: _____

Phone: _____

E-mail: _____

Relationship: _____

Reference 2:

Name: _____

Phone: _____

E-mail: _____

Relationship: _____

Please tell us about yourself:

VOLUNTEER: Are you currently or have you previously been a volunteer for another organization? If yes, please describe:

EDUCATION: List school(s), degree(s), and major field(s) of study

School: _____

Degree/Diploma: _____

Major: _____

FOREIGN LANGUAGE SKILLS:

Language: _____ Fluency: _____
Basic Intermediate Advanced

SKILLS: Please check all that apply.

_____ Speaking/Lecturing	_____ Website design
_____ Filing	_____ Photography
_____ Graphics/design	_____ Research
_____ Data entry	_____ Editing/proofreading
_____ Word processing	_____ Other - please describe:
_____ Writing	_____
_____ Customer Service	

INTERESTS:

What type of volunteer work interests you most?

_____ Speaker/Presenter	_____ Special Events/Memorials and
_____ Education/Resources	Exhibits
_____ Administrative	_____ Other - please describe:
_____ Underwriting	_____

How did you learn about the THGC's Volunteer Program?

_____ THGAAC website
_____ Museum website
_____ Media (i.e.: newspaper, magazine, etc.)
_____ Texas Historical Commission website
_____ Other - please describe: _____

Signature: _____

Please return this form as a scanned e-mail attachment to:

cheyanne.perkins@thgaac.texas.gov

Thank you for your interest in volunteering.